



RECEIVED  
CENTRAL FAX CENTER

OCT 12 2005

*Legal*

*Hazelwood, MO*

*Facsimile Communication*

To: Art Unit 1616  
Company: US Patent & Trademark Office  
Fax Number: 571-273-8300  
Date: 10/12/2005

**Jerad G. Seurer**  
Attorney - Patents & Trademarks

Tyco / Healthcare / Mallinckrodt  
675 McDonnell Boulevard  
PO Box 5840  
St. Louis, Missouri 63134

Telephone 314-654-3814  
Facsimile 314-654-3156

**RE: US App. Serial No. 10/798,486 (to Gary L. Cantrell) entitled  
"Novel Ultrasound Contrast Agents"**

Number of Pages *(including cover sheet)*: 2

- ☐ For your information
- ☐ Please respond
- ☐ Urgent
- ☐ Confidential

---

**Comments:**

The following is a completed "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" form. Please send all future correspondence regarding the above-referenced patent application to me at the address indicated.

The original copy of this form will also be sent to Art Unit 1616 via US First Class Mail.

PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/798,488
Filing Date	March 11, 2004
First Named Inventor	Centrell, Gary L.
Art Unit	1616
Examiner Name	Hartley, Michael G.
Attorney Docket Number	1159.1 US

**RECEIVED  
CENTRAL FAX CENTER**

OCT 12 2005

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24,289

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR


<input checked="" type="checkbox"/> Firm or Individual Name	Mallinckrodt Inc. Legal Department (Attn: Jerad G. Seurer)			
Address	675 McDonnell Blvd. PO Box 5840			
City	St. Louis	State	Missouri	Zip 63134
Country	United States			
Telephone	314-654-3814	Email	jerad.seurer@tycohealthcare.com	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Kenneth D. Goetz (on behalf of Mallinckrodt Inc.)		
Date	October 12, 2005	Telephone	314-654-3778

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.